#### **U.S. DEPARTMENT OF HOMELAND SECURITY ELEVATION CERTIFICATE** FEDERAL EMERGENCY MANAGEMENT AGENCY OMB No. 1660-0008 National Flood Insurance Program Important: Read the instructions on pages 1-9. Expiration Date: July 31, 2015 SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name CHARLOTTE G. CALL Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 147 WAVELAND AVENUE City WAVELAND State MS ZIP Code 39576 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL #: 162R-0-10-062.000 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. 30-16-27.2 Long. -89-22-56.0 Horizontal Datum: NAD 1927 NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 6 A8. For a building with a crawlspace or enclosure(s): A9. For a building with an attached garage: a) Square footage of crawlspace or enclosure(s) 298.2 sa ft a) Square footage of attached garage N/A b) Number of permanent flood openings in the crawlspace Number of permanent flood openings in the attached garage or enclosure(s) within 1.0 foot above adjacent grade within 1.0 foot above adjacent grade N/A Total net area of flood openings in A8.b 377 sq in Total net area of flood openings in A9.b N/A sa in d) Engineered flood openings? ☐ Yes Engineered flood openings? Yes ⋈ No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number **B2.** County Name B3. State WAVELAND 285265 HANCOCK MS B4. Map/Panel Number **B6. FIRM Index Date** B5. Suffix B7. FIRM Panel B8. Flood Base Flood Elevation(s) (Zone 28045C 0344 10/16/09 Effective/Revised Date AO, use base flood depth) Zone(s) 10/16/09 20 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ FIS Profile ☑ FIRM Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 ☑ NAVD 1988 ☐ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ⊠ No Designation Date: ☐ CBRS □ OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Building elevations are based on: ☐ Construction Drawings\* ■ Building Under Construction\* \*A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: BH0963 Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>14.4</u> X feet ☐ meters b) Top of the next higher floor 25.5 ☐ meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A ☐ meters d) Attached garage (top of slab) N/A ☐ meters e) Lowest elevation of machinery or equipment servicing the building 25.2 ☐ meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 13.5 ☐ meters g) Highest adjacent (finished) grade next to building (HAG) 13.5 ☐ meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 13.2 ⊠ feet meters SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION SME SUPROFES This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. $\bowtie$ Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a MINEER Check here if attachments. licensed land surveyor? ☐ No \* Certifier's Name JAMES J. CHINICHE License Number LS2101,PE5666 SURVEYOR STATE Title OWNER Company Name JAMES J. CHINICHE, PA, INC. MAR OF MIS

FEMA Form 086-0-33 (7/12)

Signature

Address 412 HWY, 90, SUITE 11

See reverse side for continuation.

State MS

Telephone

ZIP Code 39520

(228) 467-6755

City BAY ST. LOUIS

Date 02/26/15

Replaces all previous editions.

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IMPORTANT: In these spaces,	copy the corresponding informa	tion from Section A.		FOR INSURANCE COM	PANY USE
Building Street Address (including Ap 47 WAV≧LAND AVENUE	ot., Unit, Suite, and/or Bldg. No.) or P.O	. Route and Box No.		Policy Number:	
ity WAVELAND	Stat	e MS ZIP Code 39	9576	Company NAIC Number:	
SECTION	N D – SURVEYOR, ENGINEER, O	R ARCHITECT CERT	TIFICATION (CO	ONTINUED)	
Copy both sides of this Elevation Cer	tificate for (1) community official, (2) ins	surance agent/company,	and (3) building of	owner.	
THE BASE FLOOD ELEVATION (BF	IS FOR INFORMATION ONLY & NOT E) IS PER MAP IN SECTION B4. REC GRAPHIC PLOTTING. SECTION C2.6	OMMEND VERIFICATION	ON OF (BFE) BY	LOCAL BUILDING OFFIC	CIAL. THE ATFORM.
Signature	0	Date 02/26/15			
SECTION E - BUILDING ELE	EVATION INFORMATION (SURVE	Y NOT REQUIRED)	FOR ZONE AO	AND ZONE A (WITH	OUT BFE)
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	F - PROPERTY OWNER (OR O	A CONTROL OF THE PROPERTY OF T			
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### **ELEVATION CERTIFICATE**, page 3

### **Building Photographs**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Dallan Nombre

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 147 WAVELAND AVENUE

Policy Number:

City WAVELAND

State MS

ZIP Code 39576

Company NAIC Number:

FOR INSURANCE COMPANY USE

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



02/26/15 Front View



02/26/15 Rear View

#### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

### **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

1		SECT	ION A - PROPE	RTY INFORM	ATION	FOR INSURANCE	COMPANY USE
A1. Building Owner's Name CHARLOTTE G. CALL			Policy Number:				
A2. Building Street Addres	s (including Apt.	, Unit, Suite, and/or l	Bldg. No.) or P.O. R	oute and Box N	0.	Company NAIC Nu	mber:
City WAVELAND			State MS	ZIP Code 3	9576		
A3. Property Description ( PARCEL #: 162R-0-10-062		ımbers, Tax Parcel N	Number, Legal Desc	ription, etc.)			
<ul> <li>A4. Building Use (e.g., Re</li> <li>A5. Latitude/Longitude: La</li> <li>A6. Attach at least 2 photo</li> <li>A7. Building Diagram Num</li> <li>A8. For a building with a c</li> <li>a) Square footage of</li> <li>b) Number of perman or enclosure(s) wit</li> <li>c) Total net area of flod</li> <li>d) Engineered flood of</li> </ul>	t. 30-16-27.2 Legraphs of the buber 5 rawlspace or encrawlspace or encrawlspace or entitle flood opening in 1.0 foot above od openings in appenings?	ong. 89-22-56.0 Hoilding if the Certificate closure(s): aclosure(s) gs in the crawlspace e adjacent grade	rizontal Datum:  te is being used to c  N/A sq ft  N/A sq in	NAD 1927 🔯 btain flood insur  A9. For a b a) Squ b) Nu witi c) Tot d) En	rance.  puilding with an atta uare footage of atta mber of permanent hin 1.0 foot above a tal net area of flood gineered flood oper	ached garage <u>h</u> flood openings in the adjacent grade <u>h</u> openings in A9.b <u>h</u> nings?	<u>\/A</u>
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B4. Map/Panel Number 28045C 0344	B5. Suffix D	B6. FIRM Index D 10/16/09	Effective/F	RM Panel Revised Date 16/09	B8. Flood Zone(s) AE	AO, use bas	Elevation(s) (Zone e flood depth) 20
B10. Indicate the source of  FIS Profile  B11. Indicate elevation datu  B12. Is the building located Designation Date:	☑ FIRM m used for BFE in a Coastal Barr	☐ Community Detein Item B9: ☐ NGV	ermined   D 1929	Other/Source: _ NAVD 1988	Other/Source:	☐ Yes	⊠ No
	SECTIO	N C – BUILDING	ELEVATION INF	ORMATION (S	SURVEY REQUIF	RED)	
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Signature	)	Date 10/23/14	Tel	ephone (228) 4	467-6755		

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CONTRACTOR OF THE PARTY OF THE	ppy the corresponding information f		. FOF	R INSURANCE COMPANY USE
Building Street Address (including Apt., 147 WAVELAND AVENUE	Unit, Suite, and/or Bldg. No.) or P.O. Route	e and Box No.	Poli	cy Number:
City WAVELAND	State MS	ZIP Code 39	9576 Con	npany NAIC Number:
SECTION I	D – SURVEYOR, ENGINEER, OR AR	CHITECT CERT	TIFICATION (CONT	INUED)
Copy both sides of this Elevation Certific	cate for (1) community official, (2) insurance	e agent/company,	and (3) building owne	r.
THE BASE FLOOD ELEVATION (BFE)	FOR INFORMATION ONLY & NOT TO CE IS PER MAP IN SECTION B4. RECOMME RAPHIC PLOTTING. * ELEVATION IS TOP	ND VERIFICATION	ON OF (BFE) BY LOC	AL BUILDING OFFICIAL. THE
Signature	11-40- P	Pate 10/23/14		
SECTION E - BUILDING ELEV	ATÍON INFORMATION (SURVEY NO	T REQUIRED)	FOR ZONE AO AN	D ZONE A (WITHOUT BFE)
<ul> <li>and C. For Items E1–E4, use natural grade</li> <li>E1. Provide elevation information for the grade (HAG) and the lowest adjace a) Top of bottom floor (including be b) Top of bottom floor (including be celevation Diagrams 6–9 with perfect (elevation C2.b in the diagrams) or E3. Attached garage (top of slab) isE4. Top of platform of machinery and/or E5. Zone AO only: If no flood depth not grade (HAG)</li> </ul>	asement, crawlspace, or enclosure) isasement, crawlspace, or enclosure) isermanent flood openings provided in Sectio f the building is 🛛 feet [	used. In Puerto Rices to show whether	co only, enter meters. er the elevation is above feet	ve or below the highest adjacent ove or ☐ below the HAG. ove or ☐ below the LAG. Instructions), the next higher floor AG. or ☐ below the HAG.
	- PROPERTY OWNER (OR OWNER			ATION
	ed representative who completes Sections A ents in Sections A, B, and E are correct to the Representative's Name			issued or community-issued BFE)
Address	City	<del></del>	State	ZIP Code
Signature	Date		Telephone	
Comments				
				☐ Check here if attachments.
	SECTION G - COMMUNITY INF			
The local official who is authorized by law or of this Elevation Certificate. Complete the a	r ordinance to administer the community's floud pplicable item(s) and sign below. Check the	oodplain managem measurement use	nent ordinance can com d in Items G8–G10. In	plete Sections A, B, C (or E), and G Puerto Rico only, enter meters.
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G3. The following information (Items	G4–G10) is provided for community floodp	lain management	purposes.	
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G7. This permit has been issued for: G8. Elevation of as-built lowest floor (include) G9. BFE or (in Zone AO) depth of flooding G10. Community's design flood elevation: Local Official's Name Community Name	uding basement) of the building:	I Improvement  feet feet feet feet feet Title Telephone	meters Date	um um um
Signature		Date		
Comments				☐ Check here if attachments.

## **Building Photographs**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 147 WAVELAND AVENUE	or P.O. Route a	nd Box No.	Policy Number:
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



10/23/14 Front View Only

Rear View

# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

### **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name CHARLOTTE G. CALL	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 147 WAVELAND AVENUE	Company NAIC Number:
City WAVELAND State MS ZIP Code 39576	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL #: 162R-0-10-062.000	
or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings?  Yes  No  W/A sq in c) Total net area of flood d) Engineered flood openings?  d) Engineered flood openings?	ached garage N/A sq ft t flood openings in the attached garage adjacent grade N/A d openings in A9.b N/A sq in nings? Yes No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	DN
B1. NFIP Community Name & Community Number WAVELAND 285265  B2. County Name HANCOCK	B3. State MS
B4. Map/Panel Number         B5. Suffix         B6. FIRM Index Date 10/16/09         B7. FIRM Panel Effective/Revised Date 10/16/09         B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.  FIS Profile FIRM Community Determined Other/Source:  Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:  Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Designation Date: CBRS OPA	☐ Yes
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUI	RED)
C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction*  *A new Elevation Certificate will be required when construction of the building is complete.  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: BH0963 Vertical Datum: NAVD 1988  Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☑ NAVD 1988 ☐ C Datum used for building elevations must be the same as that used for the BFE.	
Chec	k the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  b) Top of the next higher floor  c) Bottom of the lowest horizontal structural member (V Zones only)  d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)  f) Lowest adjacent (finished) grade next to building (LAG)  g) Highest adjacent (finished) grade next to building (HAG)  h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support  N/A.	☑ feet       ☐ meters
	☐ feet ☐ meters
	☐ feet ☐ meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION  This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify eleva information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by Check here if attachments.	on meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION  This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify eleval information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Check here if comments are provided on back of form.  Were latitude and longitude in Section A provided by	on meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify eleva information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Check here if comments are provided on back of form.  Were latitude and longitude in Section A provided by licensed land surveyor?  Yes No	The feet meters  ON  tion  a  B  CHIAN  ENGINEER  SURVEYOR  PB56666  PLS-2101  OF MISS
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION  This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify eleval information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by Check here if attachments. Iicensed land surveyor?   Yes No  Certifier's Name JAMES J. CHINICHE	The feet meters  ON  tion  a  a  AND  AND  AND  AND  AND  CAND  CAND  SURVEYOR  O  SURVEYOR  SURVEYOR  SURVEYOR  O  SURVEYOR  SURVEYOR

LLLANTION OFICE HOWIE, ba	yc 4		
	ppy the corresponding information from		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., 147 WAVELAND AVENUE	Unit, Suite, and/or Bldg. No.) or P.O. Route and	Box No.	Policy Number:
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number:
SECTION	D – SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION	(CONTINUED)
Copy both sides of this Elevation Certification	cate for (1) community official, (2) insurance age	ent/company, and (3) buildin	ng owner.
THE BASE FLOOD ELEVATION (BFE)	FOR INFORMATION ONLY & NOT TO CERTIF IS PER MAP IN SECTION B4. RECOMMEND Y RAPHIC PLOTTING. TBM (TEMPORARY BENG I SPEED LIMIT SIGN ELEV. 13.0 FT.	VERIFICATION OF (BFE) I	BY LOCAL BUILDING OFFICIAL. THE
Signature	ech to	08/23/13	
SECTION E - BUILDING ÉLE	ATION INFORMATION (SURVEY NOT R	EQUIRED) FOR ZONE	AO AND ZONE A (WITHOUT BFE)
<ul> <li>and C. For Items E1–E4, use natural g</li> <li>E1. Provide elevation information for grade (HAG) and the lowest adjaa) Top of bottom floor (including b) Top of bottom floor (including b) Top of bottom floor (including b) E2. For Building Diagrams 6–9 with p (elevation C2.b in the diagrams) (elevation C2.b in the diagrams) is E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth in</li> </ul>	pasement, crawlspace, or enclosure) is pasement, crawlspace, or enclosure) is ermanent flood openings provided in Section A I of the building is \overline{\text{M}} feet \overline{\text{m}} me	In Puerto Rico only, enter of show whether the elevation	meters.  n is above or below the highest adjacent  s
	F – PROPERTY OWNER (OR OWNER'S		RTIFICATION
The property owner or owner's authoriz or Zone AO must sign here. The statem	ed representative who completes Sections A, B, ents in Sections A, B, and E are correct to the b	and E for Zone A (without a	
Property Owner's or Owner's Authorize		Ct-	ate ZIP Code
Address	City	Sta	
Signature	Date		ephone
Comments			☐ Check here if attachments
20	SECTION G - COMMUNITY INFOR	MATION (OPTIONAL)	
of this Elevation Certificate. Complete the G1.   The information in Section C w is authorized by law to certify each of the complete t	or ordinance to administer the community's flood applicable item(s) and sign below. Check the mea as taken from other documentation that has bee elevation information. (Indicate the source and d	asurement used in Items G8 on signed and sealed by a livate of the elevation data in	-G10. In Puerto Rico only, enter meters. censed surveyor, engineer, or architect who the Comments area below.)
	d Section E for a building located in Zone A (with is G4–G10) is provided for community floodplain		munity-issued BFE) or Zone AO.
G3. The following information (Item G4. Permit Number	G5. Date Permit Issued		Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Im	provement	
G8. Elevation of as-built lowest floor (in G9. BFE or (in Zone AO) depth of flood G10. Community's design flood elevation	cluding basement) of the building:	feet meters feet meters feet meters feet meters	Datum Datum Datum
Local Official's Name	Tit	le	
Community Name	Те	lephone	
Signature	Da	nte	
Comments			☐ Check here if attachments

# WAVELAND

who acknowledged that <u>She</u> executed and delivered the above and foregoing instrument.

### NONCONVERSION AGREEMENT

with

CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 10 day of 100000000000000000000000000000000000	
by CHARLUTTE C. CALL ("Owner") having an address at	
147 WAVELAND AVE, WAVELOND, MS	
WHEREAS, the Owner is the record owner of all that real property located at	
in the City of Waveland, Ms. in the County of Hancock, designated in the Tax Records as 147 WAreland Ave	
WHEREAS, the Owner has applied for a permit to place a structure on that properly that has an	
enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number	
325 and under Permit Number 17362	0
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the	412.00
following appropriate conditions and restrictions are placed on the affected property as a condition of	- Marie
granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner,	2
his heirs, personal representatives, successors, future owners, and assigns.	
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:	
1. The structure or part thereof to which these conditions apply is:	
2. At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic	1
Vertical Datum.	1 M - M
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited	
storage, or access to the building. All interior walls, ceilings and floors below the Base Flood	1
Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or	-
plumbing devices shall not be installed below the Base Flood Elevation.	
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain	
equipped with openings as shown on the Permit.	
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.	
action to correct any violation. Any alterations or changes from these conditions also may render the	
structure uninsurable or increase the cost for flood insurance.	
6. A duly appointed representative of the City is authorized to enter the property for the purpose of	
inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration.  Such inspections will be conducted upon due notice to the Owner and no more frequently than once	
each year. More frequent inspections may be conducted if an annual inspection discovers a violation	
of the Permit.	
7. Other conditions:	
e de la contaction de l	
In witness whereof the undersigned set their hands and seals this 10th day of March, 2015	
State of Mississipti Cole  County of Hancock	
Personally appeared before me, the undersigned authority in and for the said county and state, on this of day of March 20 5, within my invindiction the within named ( ) here the said county and state, on this of day of March 20 5, within the within named ( ) here the said county and state, on this of the within named ( ) here the said county and state, on this of the within named ( ) here the said county and state, on this of the within named ( ) here the said county and state, on this of the within named ( ) here the said county and state, on this of the said county and state, on the said county and state, on this of the said county and state, on this of the said county and state, on the said county and state, on this of the said county and state, on the said county and state and said county and state and the said county and stat	
authority in and for the said county and state, on	
this foth day of March 2015, within my jurisdiction the within named ( her/s tts G. Ca ( Timothy A. Kellar Clerk	
my jurisdiction, the within named, Charlotte & Call Chancery Clerk who asknowledged that Shift and	

My Commission Expires Dec. 31, 2015

### WAVELAND

# FLOODPLAIN VENTING AFFIDAVIT City of Waveland

I hereby acknowledge that	UT of Clearland
is issuing an Occupancy Certificate	for the property known as: 147 Waveland Ave
under	Permit # 17362
2	
a final inspection performed. At the tispace access doors used to meet the would allow the automatic entry and designed to meet this requirement melimination or alteration of the opening automatic entry and exit of flood water Ordinance. Violations may incur civil acknowledge that alteration of the very personal safety in the event of a flood	ement Ordinance requirements have been met and ime of inspection, vents and
As witness the hand and seal	of the owner of the subject property this
day of WARCH	3015
hrestim Gallegh	CHARLOTTE G. CALL
WITNESS	OWNER (please print)
	Charotte H. Cale
	OWNER'S SIGNATURE